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## ANÆSTHETIC AGENTS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I am glad to perceive that physicians, and especially those who are operating surgeons, are beginning to discriminate in their use of the different agents, the respiration of which subdues pain.

Dr. Hayward's remarks, in your Journal of 10th inst., are precisely of that practical kind, which we have a right to expect from those who are most familiar with these agents. His opinions should have great weight when it is recollected that he performed the first amputation ever performed under the insensibility effected by respiring anæsthetic agents, and that he has constantly employed them, and witnessed their exhibition, ever since. Still, while we implicitly confide in the facts which he states, the experience of others may conflict with his, and the opinions arrived at may be different as to the comparative value of these agents. And in this connection I may remark that the party spirit which the introduction of these agents into practice has called forth, is only to be found exhibited among the prejudiced opposers of their use. The faithful experimenters with them seem only to be animated with a sincere love for the healing art, and the beneficent application of it to suffering humanity. Let us trust that this beautiful spirit will continue, and that every competent observer will, like the surgeons of our admirable hospital, give us the results of their honest convictions of the value and the danger of these agents. Time, perhaps, has not yet developed all these dangers, although we may reasonably believe that more lives have been saved than lost, as well as much suffering removed by these agents. Practically, we may consider the action of them as producing intoxication in all its degrees, like alcoholic ebriety.

First, there is light delirium and comparative absence of perception, so that, although the patient has a degree of consciousness, sensations usually painful are deprived of their agony. This is the stage to which dentists usually carry their patients. Muscular power may nearly disappear in this stage, and the patient on recovery after considerable operations will remember peculiar and not painful sensations, when the live parts were cut.

In November, of 1846, I performed the amputation of an arm, the

second under the use of ether, while the patient was dreaming of her harvest labors in Ireland, and felt grating but not painful sensations, "as if a reaping-hook was in her arm."

The second stage, arrived at by persisting in the use of these agents, is one of complete insensibility, in which there is not the least evidence of perception or consciousness. The delirium and contortions often exhibited during the first stage, entirely disappear. Stertorous breathing commences—perfect sleep appears to exist—the functions of the mind are suspended—there are no dreams or imaginings—the muscles relax, and are without contractility or tonicity. This state can be indefinitely continued—long enough for any surgical operation, and is the state preferred by surgeons for the performance of capital operations, the reduction of fractures and luxations, and strangulated hernia. The relaxation is more perfect than any I have seen produced by the narcotism of tobacco, or the deliquium of venesection.

In the first stage, the impulse of the heart is increased, and the pulse quickened; but soon the heart's action and the frequency of the pulse is diminished. In the second stage, the action of the heart becomes more vigorous and natural—a state of toleration appears to be established, and if an occasional draught of atmospheric air be admitted, the insensibility may be continued apparently without danger, long enough for the performance of the most protracted surgical operations. The pulse, respiration, and capillary circulation, should be carefully watched, and should guide us in continuing or suspending the anæsthetic state.

The difference between the narcotism effected by respiring anæsthetics and swallowing them, appears to be the transient character of the former. Both are effected by the absorption of the agent into the blood and its direct contact with the brain. Only in the one case the cause remains for a long time in the stomach, supplying new particles to keep up the intoxication; while in the other, the first breath of atmospheric air puts a period to all absorption of the agent by removing it from contact with the mucous membrane. Consequently the results of these two species of intoxication are widely different. That produced by respiration disturbs the system far less. Headache, the common sequel of alcoholic ebriety, is either absent or less observable, the languor and lassitude less annoying, and the vomiting more speedily terminated, though nausea and vomiting are always to be apprehended, and our patients should be cautioned to respire anæsthetics only on an empty stomach.

It is impossible to read the conflicting opinions of competent surgeons as to the value of etherization, and not be convinced that they speak of *different stages* of it. If a patient can safely, and without violence, be rendered unconscious, unresisting and perfectly quiet, can any one doubt that an operating surgeon can proceed to his duty, with more calmness, safety, and even expedition, than when the concentration of his faculties of mind and body is disturbed by the agony or impracticability of his patient? M. Velpeau is represented (Boston Daily Advertiser, March 23th) as having given a lecture on etherization, at a public session of the French Academy of Sciences, on the 4th of March, 1850, in which he states that no one can be more disinterested, or, as I understand it, less

likely to exaggerate their advantages, in giving an opinion of the anæsthetic agents, than the surgeon himself. He is then represented to assert, that "etherization is more of an embarrassment than a simplification," by distracting the operator's attention, and depriving him of the suffering patient's coöperation. Now it can hardly be believed that a hospital surgeon of large experience, can speak of the use of anæsthetics, generally, in this language, with a view to condemn it, if he has been accustomed to amputate, &c., while the patient is perfectly narcotized. Every medical student must be aware that it is much easier to practise operations upon the dead than the living body. The truth is, that the question as to the availability and dangers of respiratory narcotism, have been needlessly complicated. It is a plain matter of experimental inquiry. Every one must have observed that narcotics, however exhibited, make the subject first boisterous, then lethargic, and lastly moribund, according to the activity of the agent, and the degree in which it is administered. It does not seem to me that the newly-discovered anæsthetics differ from others in this respect. I remember to have seen, twenty years ago, a young woman delivered, after severe travail, perfectly unconsciously, while made drunk with brandy, and, as I recal the case now, she appears to me to have been in the same state as that of entire narcotism from ether.

*Chloroform* is undoubtedly the surest, quickest, most convenient and most agreeable agent to effect the narcotism desired by surgeons; and if we could only add, the *safest*, the great desideratum would be obtained. But deaths have occurred from the use of this powerful article. It had not been long introduced before we were startled by the occurrence of deaths from its use, in Cincinnati, in London, and on the Continent of Europe. The quantity of the agent producing this fatal effect was small, and cautiously administered. It seemed as if the nervous influence was extinguished too rapidly and completely. Most surgeons renounced this popular and effective anæsthetic, and it has never regained the favor of the profession. In this part of the country, in many trials of this agent, we have witnessed no disastrous results, but in relinquishing its use yield to the conviction of the evidence brought to us from abroad.

A patient of mine, harassed with agonizing pain, inhaled five ounces of chloroform in seven hours without any distressing results, except a bloody expectoration, which soon disappeared without any bad consequences.

The objections against the use of *sulphuric ether*, the first anæsthetic introduced into practice, are its penetrating odor, remaining for weeks and even for months in the apartments of the sick, its suffocating irritation of the air-passages, and the inflammable character of its vapor. Although much less rapid in its effects than chloroform, it is not entirely free from disastrous results. Several fatal cases have been attributed to its use. Having been the first agent announced, it has acquired an extensive use, and is preferred by many, as by Dr. Hayward, as the safest and best.

The only other anæsthetic agent, extensively employed, is *chloric*

*ether*. This is preferred by several of the surgeons of the Massachusetts General Hospital, especially by Drs. Warren, sen. and jun. It is an agreeable, efficacious, reliable agent, which has yet, after two years' trial, furnished us with no disastrous result. It differs from chloroform in its effects, as wine differs from brandy. The insensibility produced by it, is not so suddenly attained; a state of toleration more sure to be established. I cannot admit the force of Dr. Hayward's reasoning against its use. We have as yet no evidence to prove it is less safe than sulphuric ether, although it contains chloroform in solution by alcohol. The truth is, we do not yet know that any agent, annihilating sensibility and consciousness, is entirely free from danger. We know that sulphuric and chloric ether are comparatively safe, and of the two, that instances of death only belong to the first. I have been in constant use of the latter for nearly two years, with increasing satisfaction, and in a considerable number of amputations of the large limbs, trepanning, and removal of tumors, I have found no bad consequences, which have remained for any considerable time after its use. Its excoriating effect can always be prevented by the previous application of oil, and nausea will seldom take place if the stomach is empty. The headache and mental perturbation, in my experience, have been transient. Why, then, should we give up so satisfactory an agent?

The different opinions of medical men upon the value of anæsthetic agents, seem to me to be mainly owing to their witnessing it only in one stage. In the period of intoxication it is often an embarrassment to the operation, while in complete narcotism it extinguishes all power of resistance. A skilful and gradual administration of the agent, will insure a transition from the first to the second of these states, without any really distressing symptoms. We have yet much to learn in our observation of these agents. There is no need to fear that we shall give up their use. The appeal of suffering and distress will *compel* us to apply to them. It only remains for faithful and candid observation to point out to us the surest, safest and best.

I am unable to perceive any difference, except in degree, in the properties of the different agents used to produce anæsthesia. True, it has been contended, but as yet without proof, that chloroform is a poison, *sui generis*. I can only perceive that it differs from the other agents in degree—in concentration of power over the nervous system; and having, for more than a year, found the concentrated *chloric ether* acceptable to the patient and effectual for my purpose, and, although it may be diluted chloroform, never having witnessed, or known, of dangerous results from its use, I am induced to recommend it, as satisfactorily fulfilling the purposes required. It remains for future observations by practical men to determine whether we shall finally settle down upon this, or some other anæsthetic agent.

A. L. PEIRSON.

Salem, Thursday, April 11th, 1850.

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## ON CROUP.

BY JOHN WARE, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE following papers were originally communicated to the Boston Society for Medical Improvement, and to the Suffolk District Medical Society. The first of them was published some years since in the New England Medical and Surgical Journal, but, as it is closely connected with the subsequent ones, it seemed desirable to reprint it with them. The whole substance of these papers might have been easily condensed and presented in the form of a single essay. As they were, however, prepared at different times, and in the course of a continued series of observation and inquiry, I preferred offering them to the profession in the form originally given to them.

I.—*Contributions to the History and Diagnosis of Croup.*—Read before the Boston Society for Medical Improvement, in 1842.

Every physician who has much practical acquaintance with disease, will have observed that there are great differences of character among the cases to which he finds it convenient, in accordance with the custom of medical men, to give the general name of *croup*. He finds that a certain portion of these cases—and by far the larger portion—yield readily to the means which he employs, and very often to the ordinary domestic remedies of mothers and nurses. He has indeed reason to believe that a considerable number of them would spontaneously subside if left to themselves. On the other hand, he finds that there are some cases, fortunately but few in proportion to the whole, which exhibit throughout their course a character of obstinacy that bids defiance to treatment, and which, with few exceptions, pass on to a fatal termination uninfluenced by any remedies he can employ.

Different views may be taken of the nature of these cases. It is believed by some that the former are not, for the most part, essentially different from the latter; that the difference is more in degree than in kind, or that the difference in the severity and result depends on difference of management; that the favorable character and course of the former are mainly owing to early and judicious treatment, and the fatal event of the latter to the inefficient or too tardy application of remedies. A long, and I trust a faithful examination of this disease has, however, satisfied me that this opinion is not correct. I have been led to believe that there is an original and essential difference in these cases; that those of the first kind are pathologically different from the second; that the former, even if they terminate fatally, which happens in some rare instances, do not terminate in the same way, or at least do not exhibit the same morbid conditions; and that no variety or deficiency of treatment will cause a case of the one kind to assume the character of the other.

I do not, however, mean to imply that all the cases to which I refer, are capable of being classed under two varieties. Among those which I have characterized as the more mild and tractable sort, we still find great differences in the mode of attack, course, and mode of termination, and also in the degree in which they appear to be influenced by remedies. The object of this paper is to endeavor to contribute something

towards determining the nature and extent of the distinctions referred to. With this view I have made an examination of all the cases of croup of every kind which have occurred during the last twelve and a half years, in my own practice, and of this examination I now submit the results. Upon certain points relating to the severer form of the disease, I have included the examination of a number of other cases, extending over a period of twenty-five years, witnessed partly in my own practice, partly at dissections, and partly in consultations.

It should be first observed, that, in noting cases in order to this inquiry, I have set down as croup, all those which in the common language of the profession are included under this name—viz., all those which, at any stage of their progress, present a fair question of diagnosis; all those in which is heard that shrill, sharp, ringing cough, which is regarded as the cough of croup, accompanied by a distinct embarrassment of respiration, however slight, and by some affection of the voice. It follows, of course, that many very slight cases must have been included among those on which these remarks are founded—cases which yielded or subsided almost at once. Yet it is right that these should form part of the materials of our examination. When we are in search of means of diagnosis, our attention should be directed to all those cases which have, at any period of their progress, exhibited symptoms that give rise to a well-grounded suspicion of their character. Although many cases which excite the apprehension of severe croup on their first attack, pass away very readily, and by their result show themselves to have been of very moderate severity; yet, on the other hand, it is to be recollected, that many cases, which at last terminate fatally, do not, at their beginning, exhibit symptoms at all more severe, or excite apprehensions at all more serious, than those which have so readily subsided.

Of the cases to which this inquiry relates, occurring during the period extending from January, 1830, to July, 1842, the number is 131. For the convenience of examination, these may be divided into four classes. I do not intend by this arrangement to express the opinion that they constitute four distinct diseases. I would not even be understood to assert positively, with our present amount of knowledge, that they are not different manifestations of the same disease. The purpose now is to speak of them as groups of cases distinguished by certain differences in their symptoms and course, which may or may not be connected with an essential difference in their nature. These classes may be designated, with a view to their probable character and for the purpose of referring to them more intelligibly, by the terms membranous, inflammatory, spasmodic and catarrhal. Of the whole number there were:—

	Cases.	Deaths.
Of membranous Croup,	22	19
Inflammatory "	18	0
Spasmodic "	35	0
Catarrhal "	56	0
	<hr/> 131	<hr/> 19

In the first class are included those cases in which there is reason to believe that a false membrane has been actually formed lining the larynx and trachea.

In the second class, those cases in which the symptoms are for the most part of the same character as in the first, but in which there is reason to believe that no membrane has been formed. The grounds for the opinion formed of the nature of these two classes will be stated subsequently.

The terms applied to the third and fourth classes, require no particular explanation.

The symptoms on which we depend for the diagnosis of croup, relate to the cough, the voice and the respiration.

In the early stage of the first form of croup, the cough is by no means peculiar. In the advanced, it assumes a somewhat different character. In the early period it is sharp, shrill, ringing; it does not vary from that which we hear in the other forms, except perhaps that in some of the less formidable cases it is much louder and more violent at their beginning, than it is in those which prove ultimately more alarming. In the latter period it becomes less loud and ringing, but is equally sharp—it often becomes almost inaudible, bearing the same relation to a common cough, that a whisper does to the common voice. The cough, then, affords no certain means of distinguishing this form of croup at that period of it in which the diagnosis would be most valuable.

Of the state of the voice, nearly the same remark may be made. In the advanced stage of a case it is sufficiently characteristic. It becomes a sharp, and almost inaudible whisper. But early in the disease it is not always affected at all; and, if it be, cannot with certainty be distinguished from the hoarse voice of common catarrh.

The condition of the respiration affords us far more important information. In the early period of the disease, however, when we most need means of diagnosis, it is not a symptom which always attracts attention, even from the physician; much less from others who are around the patient. The common description of the breathing in croup, does not apply well to the beginning of the membranous variety. It seems rather taken from cases of a less dangerous kind, in which the breathing is from the first, loud, harsh, suffocative; attended with great efforts, and much loud coughing; creating great alarm, and calling at once for efficient means of relief. But the breathing in membranous croup does not excite attention in the very commencement of the disease. It is comparatively quiet and unobtrusive. Its true character is not at once to be detected, but only by a careful and accurate observation. The patient has not the ordinary aspect of difficult breathing; in fact, the breathing is not difficult at the very first. He probably experiences no distress. There is no real deficiency in the performance of the function, and no obvious embarrassment. There is only a little more effort in drawing in the air, and a little more force exercised in its expulsion, whilst the amount of air admitted and expelled is fully equal to the necessities of life. This perhaps would not be noticed on a casual glance at the patient, but will be at once perceived on attending to the muscular movements subservient to the function, which are—to use an expressive French term—somewhat exalted. It is indicated very soon, also, by a slight dilatation of the nostrils, and a little whiz or buzz accompanying the passage of air through the rima glottidis. This sound is distinguished either by placing

the ear near the mouth of the patient, or by applying the stethoscope on the back of the neck, or directly upon the upper part of the larynx.

This at its very beginning is the essential respiration of membranous croup, and it affords far more aid in diagnosis than either the cough or the voice. It is not, however, always found as pure as has been described. It is often mingled with, and obscured by, other sounds. Thus the disease is often attended by paroxysms of irregular and spasmodic breathing, accompanied by violent muscular efforts and great distress, and of course producing other and more obvious sounds than those described. There is often also present in the air passages, either above or below the glottis, a quantity of mucus, giving rise to a constant or occasional rattling, which seems to mask the proper sound of croup. These adventitious sounds, being also as frequently heard in the other forms of croup, are therefore of no service in diagnosis. Generally there are intervals of relief from these superadded symptoms, especially immediately after vomiting or bleeding, but the essential breathing of the disease will be found to be unchanged and unmitigated in these intervals of ease; although the apparent relief may be so considerable as to give rise to strong, but fallacious hopes of recovery.

We occasionally hear, in cases of considerable enlargement of the tonsils, a kind of breathing which closely resembles the early breathing of croup. Usually in such patients the respiration is loud, sonorous, unequal and irregular, but in a few it is quiet, steady, with a muscular effort occasioned by a mechanical obstruction like that in croup. The distinction between them can, however, be readily made, by attending carefully to the seat of the obstruction, which is above the rima glottidis in the one case, and at it in the other; by the sound of the cough and voice, which are not croupy, and by the fact that the obstruction varies in degree and sometimes vanishes, with change of position.

I have endeavored to describe this respiration as it exists in its slightest appreciable degree, at the earliest period of its manifestation. As the disease advances, it becomes very strongly marked, whilst the condition on which its peculiar character depends, viz. a mechanical narrowing of the orifice through which the air passes, becomes much more obvious.

The muscular effort, in the latter stage, becomes very strong, both in inspiration and expiration. During inspiration, whilst all the muscles concerned in it are in the highest state of activity, the mechanical impediment against which they act, is often strikingly displayed by the falling in of the soft parts about the neck and clavicles, at the epigastrium, and between and along the lower edge of the ribs—the air not passing in through the narrowed opening of the glottis so rapidly as the dilatation of the chest by the increased muscular effort would render necessary. The expiration is chiefly characterized by the amount of force employed to expel the air. In health the expiration is easy, and accompanied by little effort. Where there is no unusual obstruction, the mere tendency to collapse of the lungs would be sufficient for the expulsion of the air, as we see in the dead body; so that the walls of the chest have merely to follow up this contraction, without adding to its force by any muscular effort. But in croup, this is not enough; and we often find that the air is blown out forcibly against the mechanical resistance occasioned by the

disease. We find the same strong contraction of the muscles concerned, especially of the abdominal muscles, which is observed when air is blown out forcibly through a narrow passage.

This is the proper breathing of croup; becoming more and more intense as the disease approaches its termination, till the whole life of the individual seems, as it were, to concentrate itself in this one effort. The patient in this extreme condition seeks, by a multitude of changes of place and position, to find some alleviation of his agony; the cough, and with it the voice, have become nearly extinct; and his inarticulate appeals and beseeching looks for relief to those from whom he is accustomed to look for it, constitute one of the most touching scenes which we are called upon to witness in the practice of medicine. Happily the extreme suffering usually, though not always, subsides towards the close of life, and death takes place at last with comparative ease.

In the advanced stage of croup, the breathing is often modified by circumstances other than the mere mechanical obstruction at the upper part of the larynx. After a certain period the false membrane is in some places separated from its adhesion to the mucous surface, by the secretion of pus. The passage of air to and fro, and the efforts of coughing, detach it partially from its adhesion, and break it up more or less into shreds, which however still adhere at one of their ends. These ragged portions of membrane, mingled with the pus, move up and down the air passages, causing some variety in the sounds and also in the actual difficulty of breathing. Death is sometimes very suddenly produced by a collection of this material into a mass which becomes impacted in, and thus plugs up, either the upper or lower part of the larynx. This at least, from the state in which the parts are found on dissection, would appear to be the mode in which death takes place.

The respiration may also be modified in croup from a congestion or inflammation of the lungs, which occasionally supervenes. The embarrassment of respiration has also sometimes appeared to be increased by an accumulation of air in the lungs, which arises from a deficient balance between inspiration and expiration. Owing to the greater ease with which we can make extraordinary and continued efforts of inspiration than we can of expiration, a greater quantity is admitted than can be readily expelled, before the suffocative feeling of the patient impels him to a new effort for relief.

But although there may be a combination of the respiration of this disease with that produced by other affections of the throat or lungs, yet the respiration of croup is in its nature and character essentially distinct from them. In them the difficulty of breathing and the unusual muscular effort may arise from a variety of causes, producing great varieties in the modes of dyspnoea; in croup the one essential condition is the mechanically contracted state of the passage through which the air passes, and all the peculiarities of the dyspnoea proceed from this condition. In one particular the breathing of asthma resembles that of croup, viz., in the intensity of the effort by which the current of air is made to move in both directions against a mechanical resistance; but the point of the resistance and consequently the other circumstances of the function prevent the resemblance from extending to other points.

The *first* form of croup, then, is distinguished by the cough, the voice, and by a peculiarity of the respiration, which I have attempted to describe, and which, for the sake of distinguishing it in this essay, may be called *intense*.

In the cases of the inflammatory croup, which constitute the *second* form of the disease, the condition of the voice, cough and breathing are precisely the same as in the cases of the first class. There is no certain way by which, so far as these symptoms are concerned, cases of the one kind are to be distinguished from those of the other. The cases enumerated among the second class were of all degrees of severity, but none of them were fatal. Cases, however, of croup which terminated fatally, and in which no membrane was found on dissection, are recorded upon the best authority. To these we shall have occasion to advert hereafter. In addition to the symptoms proceeding from the character of the cough, voice and respiration, I have noted, in a few examples of this form of the disease, a tenderness of the larynx on pressure.

As cases of this class are then usually favorable in their termination, whilst those of the first are usually fatal, the diagnosis between them, in the early stages especially, becomes of very great importance, both as regards prognosis and treatment. Of the means by which this distinction may probably be made, and of the grounds for believing these two to be essentially distinct diseases, and not different states or conditions of the same disease, I shall take occasion to speak, after considering the other two classes which have been enumerated.

The *third* includes certain cases which are generally designated as *spasmodic croup*, and sometimes as *spasmodic asthma*. The attack is always sudden, and usually occurs after the subject has been, for some time, asleep. Very often it occurs in the evening, during the first sleep of the child, before its parents have retired to bed; but perhaps as frequently at a later hour of the night, or very early in the morning. The patient wakes in great distress for breath. His inspiration is attended with great effort; it is loud, ringing, shrill, somewhat resembling the hooping inspiration of hooping cough, but louder and more sonorous. The expiration is comparatively quiet and easy. The voice, at the same time, is hoarse and broken, and there is a loud, hoarse, barking cough, which closely resembles that of the preceding kinds, and indeed alone, would not serve as a mark of distinction from them. These cases seem occasionally to rise from indigestion; but more frequently we can trace their occurrence to cold, especially as they have been often preceded for a few days by symptoms of catarrh. When left to themselves, they will usually subside spontaneously, but from their suddenness and violence, they cause great alarm, and call for immediate assistance. They rarely fail to yield to an emetic or venesection, leaving behind them for a longer or shorter period, rarely for more than twenty-four hours, some hoarseness and some degree of the croupy sound of the cough, with a little huskiness or stuffiness of breathing. At no period is there any proper *intensity* of respiration.

These cases, from their suddenness, the time of the attack, the great violence of the first symptoms, and the consequent alarm which they

create, produce a stronger impression on the minds of common observers and even of many practitioners, than those of the other kinds. This mode of attack is most closely associated in their minds with the term croup; and it is regarded as tending, if not checked, to terminate in the same state of things with cases of the first class. So far as the cases before us are concerned, however, this never happens, and of the whole number included under this examination, no one proved fatal.

The fourth class includes cases not falling under either of the above, and yet frequently presenting a very close resemblance to them. The subjects usually exhibit at first the symptoms of common catarrh. After a few days the voice becomes hoarse; the cough becomes croupy, and there is tightness, oppression, and some approach to the croupy sound of respiration; there is, however, no intense or exalted action of the respiratory muscles, and no indication of that mechanical impediment to the current of air which exists at the rima glottidis in the two first forms of the disease. Still the resemblance is sometimes quite close enough to cases of these forms, in their earliest stage, to occasion some anxiety, and there is also sometimes a sudden attack of dyspnoea, with loud, shrill and sonorous breathing, which imitates the symptoms of the third form, and is perhaps to be regarded as an attack of the same kind.

The cases of this form yield gradually, the croupy character wearing off in a few days, and leaving behind simply catarrhal symptoms. I suppose them, from the mode in which they come and go off, to be properly a catarrhal inflammation of the mucous membrane covering the organs of voice. We frequently observe that the catarrhal affection of the same membrane which occurs in the first stage of measles, is accompanied by the same croupy symptoms as those which have been now described—going off with the other catarrhal symptoms. In a few instances the attacks of this form of croup have terminated in severe bronchitis, or in inflammation of the lungs themselves. But among the 56 cases included above, there was no one fatal.

Having thus described these several forms of this disease, and stated in general what seemed to be their nature, the question now arises as to the justice of the distinction which has thus been assumed to exist. Is there any sufficient ground for such a distinction? Are these different cases different diseases? Are not the favorable ones, which constitute so large a proportion of the whole number, similar in their nature to the more severe; but either of less severity in their origin, or else modified and controlled in their course, by the influence of treatment. These questions it is obviously of great importance, to the prognosis and treatment of the cases in question, to be able to answer correctly. If we can with regard to a large proportion of them confidently predict from the outset a favorable issue, the practitioner and the friends will be saved much unnecessary anxiety, and the patient many annoying and debilitating remedies.

I proceed, therefore, to state the grounds for a belief that the first form of croup is a disease essentially distinct from all the others, and that it depends on a peculiar pathological condition to which they have no tendency. Whether there be any equally marked distinction between the other forms, it is not of the same practical importance to determine; and

and as we have no sufficient materials for a satisfactory inquiry into this question, our attention will be confined to the evidence for the distinct character of the first form.

Every physician is familiar with an affection of the throat, both in adults and children, consisting in an inflammation of the mucous membrane, of that peculiar character which produces the effusion of a layer of coagulable lymph, or false membrane. The connection of this affection of the throat with croup was long since pointed out; and it is well known to practitioners among us, that this complaint, known familiarly, though inaccurately, under the name of "ulcerated sore throat," often accompanies or is followed by croup, and that croup thus connected is peculiarly fatal in its character. This circumstance in the history of croup was many years since strongly impressed upon my mind by an eminent practitioner in this neighborhood.\* I was in consequence led, in all cases of croup, subsequently to this period, to make a careful examination of the fauces, with the view of determining exactly the extent to which this visible affection of the throat was connected with the more important disease.

Two causes prevent the completeness of these observations. We are very apt, in making record of cases, especially of those which appear of a slight degree of severity, to omit the *noting* of negative facts, even when they have been actually the objects of attention. Hence, although I have very rarely failed to examine the fauces in any case of supposed croup, I have often in the lighter cases, and sometimes in the severer, failed to note their condition. The second cause of incompleteness is the impossibility in some patients, from their terror and consequent resistance, of getting such a view of the parts as would authorize us to pronounce decidedly what their state is. Notwithstanding these circumstances, the state of the throat has been noticed and recorded in a sufficient number of cases to afford very fair materials for inference.

With a view to this examination, I may include a considerable number of other cases, besides those which constitute the particular subjects of inquiry in this paper, which have been noticed at other times, or in the practice of my friends. Including these cases with the 22 above referred to, I have memoranda, more or less complete, of 39 cases of what I have denominated membranous croup. The state of the fauces was observed and noted in 33, and of these, in 32 a false membrane was present; most frequently, and sometimes only on the tonsils, sometimes on other parts also, as the palate, uvula and pharynx. In one case no such membrane was present; but it was found to exist in the larynx after death. In 3 of these 33 cases, recovery took place; all the others were fatal. In 14, an examination was made after death, and the usual appearances were found to exist in all of them.

On the other hand, I have memoranda of 109 cases of what I have classed as the other forms of croup, and of these the state of the tonsils and fauces was noted in 45. In no one was there such a condition of the parts as was found to exist in the membranous form. In 3 cases there was indeed a thin, slight exudation on the tonsils, of the color and

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\* Dr. William J. Walker.

appearance of starch, like that which is sometimes seen on the edges and surface of the tongue. This I apprehend to be a formation of an entirely different nature from that which exists in the other class of cases. Of the 45, 12 were of the second, 11 of the third, and 22 of the fourth class.

From this statement, it seems probable that the appearance of a false membrane upon the tonsils or other visible part of the throat, in a case of croup, may be regarded as a pretty certain diagnostic sign that it is the membranous form of the disease; and its absence as a pretty certain indication that it is one of the other forms. Still there will be exceptions. There will be cases in which the membrane is formed in the larynx, although it has not appeared in the throat; and there may be those in which a membrane exists in the throat, unaccompanied by a similar condition of the air passages. Of the former I have recorded one example; of the latter, none. How frequent such exceptions will be, must be determined by more extensive observation. If they are not more frequent than they have been among the cases here recorded, the observation of this symptom will afford a sufficiently safe guide, since of 75 cases in which it was looked for and the result noticed, it failed as a diagnostic sign in but a single instance.

The question now presents itself, what are the grounds for believing that the two forms of the disease which I have distinguished as membranous and inflammatory, are not the same in different degrees or in different stages? and may not pass one into the other? The grounds are—

1. The very great preponderance of fatal results in the membranous croup and a similar preponderance of recoveries in the inflammatory, and the evidence which exists that in the few cases of recovery from the former, the membrane has been formed, and in the few cases on record of death from the latter, that a membrane has not been formed—afford strong reason for believing that the diseases are essentially different.\*

\* No fatal cases having occurred of inflammatory croup under my own notice, I am happy to be able to avail myself, in support of the views above taken, of an account of four such cases, contained in the first volume of the *New England Journal of Medicine and Surgery*, by James Jackson, M.D., formerly Professor of Theory and Practice of Physic in Harvard University. The symptoms in all these cases were unquestionably those of croup. In one of them bronchotomy was performed.

In the first case, "the mucous membrane of the larynx was much inflamed, and smeared over with a quantity of loose mucus, but without any false membrane. The inflammation extended into the trachea as far as could be examined without opening the chest."

In the second case, "the appearances in the larynx were the same. The lungs were more full of blood than usual."

In the third case, "there was not any coagulable lymph, the mucous membrane was highly inflamed and swollen, and the rima glottidis was thus very much narrowed. The membrane was smeared over with a thick mucus."

The fourth case I give at length in the words of the author.

"I was called to this on Sunday, July 5, 1812, at 3 o'clock, P.M. The disease had commenced 20 hours before, and was very strongly marked. The symptoms were considerably mitigated after vomiting. I tried in vain to take blood; the child was very fat, and the veins were all hidden, even the external jugular. The respiration grew bad again before morning, but the patient lived till the next morning, the 7th, so that the disease continued two days and a half, or 60 hours. In 8 hours after death, Dr. Bigelow examined the body, and the following is his report of the appearances. 'The trachea with the larynx was removed. The whole tube was pervious as usual, excepting the presence of a large quantity of mucus of the ordinary consistence. On dividing the larynx and trachea at the posterior side, and exposing the internal surface, the mucus being removed, a number of distinct red spots were discovered, of considerable size, on the lining membrane. One of these was immediately below the glottis. Between the mucus and the lining membrane there was no facitious substance whatever, nor any appearance the least resembling the membranes which I have seen formed in some other cases of croup. The lungs were not examined.'"

"In the other cases I had thought it possible that the disease had not continued long enough to allow the effusion to take place, as the patients all died in less than 48 hours from the attack. But

2. The formation of a false membrane does not seem to require either an advanced stage or a very intense degree of the inflammation from which it proceeds. It is rather the result of a peculiarity in the kind of inflammation, than of any period or degree of it. It appears to be a very early product of the inflammation, if it be not indeed almost contemporaneous with it. It resembles in this respect the similar effusion taking place on the serous membranes, which in them occurs very early, and has even been supposed to be the first act of inflammation. In the common inflammation of the tonsils which is accompanied by this symptom, a layer of lymph is observed to be effused over the surface of the part as soon as any signs of disease exist.

3. The circumstances attending recovery from simple inflammatory croup differ materially from those which accompany recovery from membranous croup. In the former the amendment is rapid and speedily complete. There is left behind only a moderate soreness of the larynx, and, in the worst cases, some hoarseness. There is at no time any copious or solid expectoration. In the latter, recovery is slow, unequal, and accompanied by phenomena which must necessarily attend the separation of the membrane, and the process through which the diseased mucous surface must go in order to its restoration to a healthy condition. The natural cure of the disease takes place by the occurrence of the suppurative inflammation upon the diseased surface, by which the false membrane is thrown off, and the mucous membrane then gradually returns to its natural state. In examinations after death, we usually find that this process has begun in the trachea, the membrane being there separated and often broken up into shreds, whilst the inflamed surface is covered by a layer of pus. Above, in the upper part of the larynx, around the glottis, the false membrane usually remains closely adherent. It is obvious that recovery might always take place could the parts be spared long enough from their functions to go through the necessary steps—and it is also obvious when it does take place, that it must be accompanied by a copious expectoration of pus, and of the membrane either in pieces, if firm enough, or else broken up and partially dissolved by the pus. Now these appearances do not accompany recovery from even the severest cases of the inflammatory croup, whilst they do accompany recovery from well-marked cases of the membranous form.

Of the three cases of membranous croup which are noted as having recovered, there are but two of which I have such an account as would justify me in presenting them as fair examples of the processes through which the parts pass in recovery. These were both of the most decided character, and had arrived at that stage of the disease in which we expect a fatal event to occur almost from hour to hour. In the first of them, six

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in this last case such a supposition cannot be admitted; for I have in my possession a preparation in which the false membrane is exhibited in great perfection, and this came from a patient of Dr. Channing which I had seen with him, and in which death had occurred in about 30 hours after the seizure.

The history of these cases, especially with the authority upon which they are recorded, affords very satisfactory evidence of the existence of a class of cases like those which have been above described, of a disease with the symptoms of croup, but without the formation of a false membrane either in the air passages or upon the visible parts of the throat.

days elapsed before any sensible mitigation of the symptoms, and even then the progress to recovery was very slow and apparently doubtful. Improvement was attended by a copious muco-purulent expectoration, in which it is true no large pieces of membrane were ever detected, but of such a consistence and appearance as would favor the belief that the membrane had escaped in a comminuted or partially dissolved state. After the probable removal of the membrane, there was for some days a bloody expectoration, the voice did not return, and it was indeed many weeks before it resumed its natural tone.

In the second case, a considerable portion of the membrane was spit up in a tubular form, after a violent fit of suffocative cough, and this was followed by the rejection of smaller pieces, mixed with a muco-purulent, at first, and then a bloody expectoration. There continued an entire loss of voice for more than a week, and for at least ten weeks after recovery it had not regained its natural tones.

The contrast is very striking between the protracted character of these recoveries, and the speedy return to health of all those who labored only under the other forms of the disease, however severe.

The observations to which the preceding remarks relate, were all made in this city and its immediate neighborhood; how far they correspond to the disease as it appears in other places, must be left to others to judge. So far as they go, they appear to me to justify the following conclusions.

1. That the only form of croup attended with any considerable danger to life, is that which is distinguished by the presence of a false membrane in the air passages.

2. That the existence of this membrane in the air passages is in a very large proportion of instances indicated by the existence of a similar membrane in the visible parts of the throat.

3. That this affection differs not in stage or degree, but in kind, from all the other cases which are commonly known by the same name, and that the latter have no tendency to become converted into or to terminate in the former.

As my intention has not been to write a complete history of croup, I have omitted all such notices of the symptoms, cause, morbid anatomy, &c. of the disease as have no direct bearing on that point in its character which it was my desire to illustrate. It may not be amiss, however, to record, in connection with this paper, a few circumstances with regard to its history, which have been incidentally determined from an examination of the cases before us.

Croup is often regarded as a disease which attacks suddenly and violently. This is only true of the milder forms. Genuine or membranous croup is commonly rather gradual in its approach, and consequently often insidious. It supervenes often on the common sore throat of children; and in such cases, though its development is frequently rapid and apparently sudden, yet a careful examination of the past history of such a case will generally satisfy us, that although it may have had a sudden outbreak of violence at the time it was supposed to begin, yet that it had really been coming on for several days. Of 30 cases in which I have had an opportunity of determining the mode of attack, in only

two could it in any proper sense be called sudden, although in many, the attention of friends was called to it quite unexpectedly, by a rapid increase in the violence of the symptoms. A sudden and violent attack is, therefore, to be regarded as affording a favorable indication of the character of the case in which it occurs. The unexpected manner in which croup sometimes steals upon the common sore throat of children, should lead always to the careful inspection and watching of such cases. It is true that but a very small proportion of them do terminate in this way; but as it is the only considerable source of danger, and the only way in which they are likely to have a fatal termination, the possibility of such a course of things should not be overlooked. No case of this kind can be regarded as entirely safe from such a result. The danger is even not confined to childhood. Two of the above-named cases of fatal croup occurred in females of 12 years of age, in which it had supervened on this affection of the throat.

The membranous croup also sometimes occurs as a sequel to the affection of the throat in scarlatina. The most common primary affection of the throat in this disease, is of the same kind with that denominated the ulcerated sore throat, viz., an inflammation, with an effusion of false membrane upon the parts inflamed. When croup supervenes upon this, the case is usually very rapid and inevitably fatal. Of the cases above enumerated, two were of this character. A third occurred to me, not enumerated among them, in which there were no symptoms of croup during life, the patient apparently dying from affection of the brain, but in which the usual appearances of croup were found after death. The subject of this was a young man 17 years of age. These cases all occurred between eight and ten years since. None have been observed during the more recent periods of the prevalence of scarlatina.

Croup varies considerably in its duration; I mean its duration after its characteristic symptoms are fairly developed and there is reason to believe that the membrane is formed. Of 23 cases,

1	continued 1 day from distinct croupy symptoms.
6	" 2 to 2 $\frac{1}{2}$
9	" 3 to 3 $\frac{1}{2}$
3	" 4
1	" 5
1	" 9
1	" 11
1	" 19

Nineteen cases, or more than three-fourths, therefore, were of four days duration or less.

Croup, in this form, rarely attacks children under two years of age. Of 30 deaths and 3 recoveries, of which the ages were known,

Deaths.	Recoveries.		
1	0	took place at	12 months.
1	0	"	18 do.
5	0	"	2 to 2 $\frac{1}{2}$ years.
3	0	"	3 to 3 $\frac{1}{2}$ do.
8	0	"	4
6	1	"	5
2	0	"	6
0	2	"	7
1	0	"	8
2	0	"	12
1	0	"	17

Twenty-two, or two-thirds of the cases, occurring between the ages of 2 and 5.

It will be seen, by the following statement of the ages of 95 patients affected with croup of the other varieties, that the tendency to the disease in them exists at a much earlier age. Whilst but 1 case in 16 occurred under two years of age in the first class of cases, 23 out of 95, or about 1 in 4, happened under the same period among the others.

Age.	Second form.	Third.	Fourth.	Total.
Under 1	1	1	3	5
1 to 2	2	5	11	18
2 to 3	6	6	11	23
3 to 4	2	8	5	15
4 to 5	1	6	3	10
5 &c.	1	3	3	7
6	1	1	2	4
7	1	2	5	8
8	0	0	2	2
9	0	1	0	1
10	1	0	0	1
11	0	1	0	1
	16	34	45	95

In cases of the first kind, the tendency to the disease seems to be about equal in the two sexes. Of the 22 cases embraced in this inquiry, the number of each sex was precisely the same—11 males and 11 females. Adding to them 12 other cases in which the sex is noted, we still have numbers too nearly equal to indicate any peculiar tendency to the disease in either sex, viz., 16 males and 18 females.

In cases of the other forms of croup, the difference seems too great and too uniform to be merely accidental. In

18 cases of 2d class,	11 males,	7 females.
35 " 3d "	25 " 10 "	
56 " 4th "	33 " 23 "	
	69	40

As it is of some interest to observe the degree of influence which season is capable of having on disease, I subjoin a table containing a statement of the numbers of the cases referred to in this paper, occurring in the different months. As the number of cases, however, is too small of the first class to afford any very satisfactory result, I have added in another column the number of deaths from croup, occurring in the several months, out of 263 cases, drawn from the bills of mortality for this city. I have made the table to begin with November, for the sake of comparing more easily the cases and deaths of the colder half with those of the warmer half of the year.

	Membranous Croup.	Other Forms.	Deaths from Croup.
November	2	11	31
December	2	11	31
January	9	14	31
February	2	18	22
March	2	9	33
April	2—19	17—30	18—166
May	4	9	14
June	3	6	11
July	1	3	13
August	2	0	13
September	2	5	16
October	3—15	7—30	30—97

I should observe that the several years vary very much in the amount of mortality of the several months. Thus in the month of January, there

was in one year 13 deaths, in another year only 1, and a similar though less remarkable inequality in other months. Still the results are upon the whole too uniform to leave any doubt of the greater tendency to these diseases in certain periods of the year.

[To be continued.]

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#### TREATMENT OF SCARLET FEVER.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—As everything relating to the treatment of scarlet fever—a disease almost as fatal and destructive as cholera itself—is of great interest to the profession and the public, I desire to call the attention of your readers to the mode of treatment recommended by Dr. Schneemann, Physician to the King of Hanover, as contained in a recent number of the *London Lancet*. The plan proposed by Dr. S. has not received the attention from the medical profession in this country, or in England, so far as my knowledge extends, that its importance demands. My experience with it is now considerable, and I think I can safely recommend it as a very valuable addition to our means of conducting this dreaded disease to a satisfactory termination. It is philosophical and rational in theory—simple and efficient in practice.

Its *modus operandi* will be seen at a glance, and will commend itself to every discriminating physician, for every one, I think, will admit that the chief weight of this disease falls upon the skin; and of course whatever tends to restore the deranged functions of this important part of the body, will contribute most materially to alleviate all the symptoms. The employment of this remedy of course will not prevent the use of such other means as experience sanctions and each particular case calls for, as laxatives, febrifuges, applications to the throat, internal and external, &c.

I hope a fair trial will be given to this mode of treatment by the profession, and the results made known through the journals, that its true value may be definitely ascertained. I subjoin the most important directions given by Dr. Schneemann, in a somewhat abbreviated form.

HARVEY LINDSLY, M.D.

*Washington, D. C., April 11th, 1850.*

*Treatment of Scarlet Fever by Inunction.*—"From the first day of the illness, and as soon as we are certain of its nature, the patient must be rubbed morning and evening over the whole body with a piece of bacon, in such a manner that, with the exception of the head, a covering of fat is everywhere applied. In order to make this rubbing-in somewhat easier, it is best to take a piece of bacon the size of the hand, choosing a part still armed with the rind, that we may have a firm grasp. On the soft side of this piece slits are to be made, in order to allow the oozing out of the fat. The rubbing must be thoroughly performed, and not too quickly, in order that the skin may be regularly saturated with the fat. The beneficial results of this application are soon obvious; with a rapidity, bordering on magic, all, even the most painful, symptoms of the

disease are allayed ; quiet, sleep, good humor, appetite, return, and there remains only the impatience to quit the sick-room.

The advantages of the treatment indicated may be summed up as follows :—

1. The improbability, we might almost say the impossibility, of the patient getting cold, while the skin is thus covered with fat—a point in no disease more important than here.

2. The dry brittleness of the skin, and the tormenting itching, are by it not only materially alleviated, but generally entirely removed. Every practitioner knows how often the itching and burning of the skin in scarlet fever are unendurable to children, keeping them constantly in distressing movement, and robbing them of sleep. Hence children are generally well satisfied with this process, and often ask for its repetition long before the time is come.

3. The influence on the physiological functions of the skin is still more important. During the coming on of scarlet fever, the skin becomes diseased, in consequence of which it loses its vital power. During this illness and until a new covering is again prepared for the surface, the functions of the skin are very imperfectly performed, or during the desquamation, probably not at all. In order to explain the extent and importance of the imperceptible functions of the skin in a merely mechanical view of the matter, the reader is referred to the accurate experiments of Séguin, which fix the quantity of matter thrown off from the outer skin at eleven grains per minute in a grown person, and therefore more than two pounds per day. What efforts must it cost the organism to lead so large a quantity into other paths, in order to throw it off, when the skin is incapable of doing so !

4. With this disappearance of the desquamation, disappear all those bad symptoms which attend on it. In order to give a striking proof of the importance and bad influence which the interrupted functions of the skin produce on the healthy activity of relative, even if distant organs, we may cite the fact, that death is always the result where more than one half of the skin has been destroyed by fire or boiling liquid. A similar destruction of the skin ensues in scarlet fever, with this difference, that it takes place gradually, and thereby the organism is better enabled, by employing all the activity of the body, to find aid against the mischief which must result from the cessation of the functions of the skin."

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#### CASE OF POISONING BY LAUDANUM.

[Read before the Troy Medical Association, March 25, 1850.]

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Having noticed, not long since, in your Medical Journal, a case, with remarks, showing the effects of venesection in cases of narcotism by opium, and advocating its use, when the patient is found fully under the influence of the drug, I am induced to offer for insertion in the same Journal, the following case. It may have some bearing on the

point referred to, but I offer it to exhibit the efficiency of a means rarely adopted in such cases.

I was called July 9, 1849, at 4, P. M., to see Mary M., an Irish girl of 17 years, who had just been found dying, as supposed, or in a fit. I found her absolutely comatose. It was impossible to rouse her, or produce the slightest evidence of sensibility. The pulse irregular in rhythm and force, and slow, though sometimes full. The respiration was slow, irregular, and as stertorous as in the deepest apoplexy. Her health was good five hours before, and the cause of her present state was unknown. Two ideas presented themselves. The day was excessively hot, and she had walked a few miles in the heat of the sun, while under some mental excitement, and might be *sun-struck*; or, she might be *narcotized*. If the latter, I judged her full four hours under the opiate influence, and was told that about four hours previous she appeared as usual.

I bled her freely, say about twelve ounces, with no other effect than to make the pulse worse; sent for the stomach-pump, applied extensive and strong sinapisms, used the cold dash, and rubbed ol. cinnam. over most of the surface. I readily threw in all the stomach would hold of tepid water. The tube remaining was converted into a syphon, and emptying the stomach, into the vessel, the odor of opium revealed the cause of her condition. The filling and emptying the stomach was repeated, and an emetic of sulph. zinc injected and permitted to remain. The fluids from the stomach were preserved for examination before a coroner's jury. Time was elapsing. I feared the fatal moment was near. There was not the slightest improvement; on the contrary, the respiration and pulse were growing worse, both occasionally interrupted. I apprehended the patient would expire before the eighth hour terminated—the period usually considered the most dangerous.

It occurred to me that though electro-magnetism might do nothing towards arousing her at present, yet it might aid in preserving life till the 8th or 9th hour, when if death by convulsions should not take place, narcotism might be expected to subside. I sent for the galvanic battery, and while having it put in prime order, I resorted to whipping with rods, but soon desisted, as the stripes became permanently livid, and hence the practice might do more harm than good. When the battery (a powerful one) was put into operation upon my patient, I had ceased to look for any improvement earlier than 8 or 9 o'clock, the period above hinted at. As all my remedial means, save the battery, had been fairly and fully tried, while the symptoms were steadily growing worse, I quietly seated myself to watch the operation of this exciting agent, while life should last. The positive pole of the battery was broadly applied to the moistened skin about the nape of the neck, the negative at one foot, changing to the other. It was 10 minutes past 6, P. M. This course was kept up forty-five or fifty minutes, the symptoms still growing worse. Then the positive pole was changed to the bosom, that the current might pass through the stomach, sometimes passing the negative pole along the fore-arm. In a short time I was delighted to see a slight action of a flexor muscle of the index finger. In eight minutes more the shoulder was freely moving from the same impulse.

Continuing the use of the battery, I recommenced the cold dash, when a sigh was observed. The stomach rejected the emetic, and she then improved still more rapidly. The dash produced more violent shocks. She was tossing about under the action of the battery, imitating the contortions of a wounded snake. The intervals of insensibility became less profound, and a pitcherful of cold water thrown on her face as before, brought her up into a sitting posture. It is true she sunk into stertor again and again, but was again the more easily aroused. Another dash and another were given, and she inquired *what we were about*. It was now half past 7; twenty minutes having elapsed since the first muscular motion, eighty since the commencement of the use of galvanism, and seven hours and a half, as believed, and as since ascertained, from the taking of the poison. She had taken about four fluid drachms of laudanum, as we learn from herself and the druggist who sold it to her. The case required no special attention after that evening.

April, 1850.

A. J. SKILTON.

DR. LAMBERT'S POPULAR ANATOMY AND PHYSIOLOGY—  
QUACKERY, &c.

[Communicated for the Boston Medical and Surgical Journal.]

To know ourselves, is the most important knowledge we can possess. This is true whether we consider man's moral and intellectual nature, or his physical. To know our own mental capacities, to understand thoroughly our own dispositions, the workings of our own minds, and the weakness of our moral natures, is knowledge truly valuable, as it is the first step towards virtue and purity, and consequently towards happiness. But the knowledge that we derive from studying the physical constitution of man, and those laws which govern his animal economy, are no less important, nor are its fruits less abundant. A healthy body is indispensably necessary to long life, happiness and prosperity. Not that a man may not live to a tolerable age, and enjoy a degree of life's blessings, with an unsound constitution; but in order to fully realize, and completely answer the end of our existence, we must have sound bodies. If, then, so much depends on the vigorous action of the vital forces, in order to our own well being, and to render us truly valuable to the world, how important it is that we make the human system, its anatomy and physiology, and whatever relates to its health and strength, our constant study and care. And here we confess, that it is exceedingly difficult to get people interested in this subject. To get rich is the great ruling passion of the world; and if that end be attained, health becomes a consideration of minor importance. Anatomical and physiological knowledge, which is so much needed to enable us to understand, and to live in accordance with, the laws of our nature, and to protect us against the barefaced impositions of quackery, is but very little sought after. There is nothing, in my opinion, that would so soon and so completely rid the community of charlatanism, as a good knowledge of some of the first principles of medical science.

A few years since, an intelligent individual, who had always been strongly prejudiced in favor of the Thomsonian system of practice, read Combe's *Physiology*; and after reading it he came to the conclusion, that "if any one knew anything about curing disease, it must be the regular, educated physician." And he has ever since employed such an one, and in no family is the physician more kindly received, or his prescriptions more confidently and faithfully followed than in his. Nor is this all; the influence exerted by him alone, has done much to drive that humbug from our village.

These thoughts have been suggested to my mind while reading a popular work on *Anatomy and Physiology*, by Dr. T. S. Lambert, of New York. This work is certainly the best of anything of the kind that I have ever examined, for our higher schools and colleges, and for the general reader. Dr. L. writes with great ease and perspicuity, and as one who is intensely interested in his subject. He forgets all technicalities, except so far as they are absolutely necessary in elucidating his subject, but still discusses the general principles with such copiousness and clearness, as to give the reader a good understanding of his own system. This work should be in the possession and read by every one who would keep up with the intelligence of the times. No library should be considered complete without it; and especially should it become a book of reference and study, to those of the ministerial profession, and other literary men, who now, owing to their culpable ignorance on this subject, are ever ready, by their influence and example, to favor irregularity and quackery in medical practice. This work, or some one of the kind, should be more generally introduced into our schools as a book of study; and no one should be considered as having even a common-school education, who is not familiar with the general principles of anatomy and physiology. There are many branches of knowledge taught in our schools, which are of far less importance than the study of those laws which govern man's physical nature. Our children must be taught the geography of the heavens, and to describe with accuracy the climate, soil, and minute rivers of some distant part of the earth, and they may be taught botany and geology, and even the languages, and in fact every branch of knowledge is worthy of their attention, but the knowledge of themselves. There are many, too, of our scientific men, those who have been liberally educated, who have given quite too little of their attention to this all-important branch of education.

If, then, we would see in the community a more general expression of feeling and action, in relation to us as physicians, we must do what we can to make the people more intelligent in relation to some of the first principles of our art. Our influence in the community is vast and important; and should it be directed in making medical knowledge more popular, and in convincing the world that our practice is founded on a sure foundation, we shall be doing much towards ridding the community of a host of medical heresies, and ourselves of many annoyances, which now too often make the practice of medicine unpleasant and unprofitable.

J. D. MANSFIELD.

*South Reading, April, 1850.*

## INTERESTING CASE OF A TUMOR AND ITS REMOVAL.

REPORTED BY DR. AMASA TROWBRIDGE, WATERTOWN, JEFFERSON COUNTY, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. — SAUNDERS came with his wife, aged 32 years, for advice in relation to a large tumor situated in her right groin and internal portion of the thigh, of a globular form, and measuring, at the circumference of its base, two feet and two inches. The patient perceived, when 10 years old, a small tumor at the point mentioned, which had gradually increased to an enormous size. It had not produced much diminution in the use or motion of the limb, or much pain. Her health was good.

I advised an operation for its removal, to which she consented. I performed this by making two elliptic incisions over the base of the tumor, uncovering its deep surface, and brought its fibrous covering to view. The dissection was now rapidly carried on till the whole anterior portion of the tumor was exposed; its inferior was then raised and carefully dissected from the muscles beneath. The bottom of the wound presented the femoral vein, enlarged to two inches in diameter, and the femoral artery pulsating by its side. The dissection was attended with much arterial bleeding from every part of the surface of the tumor, which required ligatures. The wound was secured by ligatures, adhesive straps and bandages.

The patient suffered from pain and spasmodic action of the muscles of the thigh for the first twenty-four hours. A small discharge of sanguineous fluid continued for the first five days. The patient is now convalescing under very favorable symptoms.

The tumor was of the cero-cystic kind, and weighed eleven pounds. Its surface appeared like lobulated masses, which were of a white color, firm like cartilage, contained spiculæ of bone, and in its centre was about three quarts of dark-colored serum. It had its origin from the inguinal gland, and was circumscribed by a regular fibrous sac, which indicated that there was but little danger of a return of the disease.

*April 1st, 1850.*

## BIOGRAPHICAL SKETCH OF THE LATE DR. SNELL, OF MAINE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I present you, at this late day, with a brief biographical sketch of one who was preëminently distinguished, in this State, for his high standing and usefulness in our profession. Its publication in your Journal, should you deem it worthy, will be gratifying to a numerous circle of friends here, and may not be entirely useless to the young and rising generation.

That an earlier notice of the late Dr. ISSACHAR SNELL, has not been given to the profession and the public, can only be accounted for from the fact, that he himself was unambitious of posthumous reputation, content with pursuing the silent and even tenor of his useful career, leaving

the reward to that Being who will mete out to every man according to his merit—and that his family and immediate relatives have imbibed from him the same feeling and principles.

As a cotemporary physician, one who knew him long and well, the writer of this does not deem it right he should pass away unnoticed. It is due to the profession, it is due to the public, and especially is it due to the rising generation, that the history and character of those, who have been eminently distinguished in the profession, should be made public. In this age of fulsome panegyric, of newspaper puffing, of elbowing and tilting for ephemeral reputation, the meritorious but modest are in danger of being forgotten. The prolific biography of the day, too, is busy in making military heroes, in manufacturing factitious statesmen, in bestowing lavish and fulsome encomiums upon the divine, the *literary* man, the visionary reformer, while the silent and unobtrusive benefactor of his race is overlooked, and his name permitted to pass into oblivion. Especially is this true in relation to the profession of medicine. How few of the members of this profession have had a biography written! And who of the thousands of laboring men in our calling, whose influence is silently but widely operative for the best interests of our social condition, for the amelioration of our physical and moral evils, and the perfection of our physical and intellectual capacities, obtains even a passing obituary notice? It is not my intention to dilate upon the merits of the profession, upon its influence in mitigating the evils of society, and in promoting the best interests of humanity. That task must be left to better hands. Suffice it to say, that in our opinion no profession is so preëminently laborious and self-sacrificing, and none so poorly rewarded in purse and in public reputation. Neither is it intended here to write the biography of Dr. Snell (this might fill a volume); but merely to sketch some of the prominent traits of character by which he arrived at so eminent a degree of success in his profession, and usefulness to society.

Dr. Issachar Snell was born in Bridgewater, Mass., April 16, 1775, of respectable and independent farmer parentage. He was graduated at Harvard University in 1797. After having completed a course of studies, such as the times afforded, in medicine under the instruction of Dr. Ephraim Wales of Randolph, in surgery under the celebrated Dr. Nathaniel Miller of Franklin, he settled in his native town in 1800, where he continued in practice till 1805.

In the spring of 1806 he removed to Winthrop, Kennebec Co., Me. Early in 1828 he removed to Augusta, the capital of the State, distant from Winthrop some ten miles, where he died on the 7th of Oct., 1847.

Winthrop is now one of the best agricultural towns in the State, and inferior to few in New England. It has a population of near 3000 inhabitants—one of the most enterprising and flourishing villages in our interior, with large manufactures in cotton, and various machinery and mechanical arts—a brisk mercantile business, and a rail road recently constructed through the town. At the time of Dr. Snell's settlement there, Maine was an appendage to Massachusetts, and was throughout its whole extent, with the exception of York and Cumberland counties,

and some few villages on the sea-board and on navigable waters, comparatively new and mostly a wilderness. Winthrop was one of the first settled townships in Kennebec Co., and of course in advance of most of her sister townships in population and improvements. In common with many of them, it had a small village, made up mostly by a grist-mill and saw mill, a carding and fulling mill, a tavern and *grocery*. The country around was occupied with farms, in most instances just emerging from the *clearings*. It was cursed with that worse than Egyptian plague, most fatal to agriculture, the small lumbering traffic, in the shape of shingle weaving, stave making, &c., with the evils attendant thereon in most new countries, groceries, grog-shops, intemperance, usurious practices, mortgages, pettifoggers, &c. &c. The population of the whole surrounding country was sparse, and the roads mostly impassable for carriages. Physicians performed their laborious duties mostly on horseback, amongst a people but illy prepared to requite their toil.

The profession, though sufficiently numerous, perhaps, to meet the demands of society, was but indifferently educated even for the times and the means of medical education then existing. Medical schools, then in a state of incipency in our country, were few in number, distant, and but little resorted to. It is believed that such a being as a graduate from a medical school was hardly known among the profession of Maine. Private pupilage under *doctors*, not always well instructed themselves, and possessing few or none of the facilities for anatomical and physiological instruction, with which our country now happily abounds, was then the principal means for a medical education. Some few, very few, whose means and opportunities enabled them to do it, resorted to Edinboro' or Leyden for medical instruction, and came home to reap the harvest of their superior advantages in our large cities. Dr. Snell was not one of the favored few. With a strong mind, a settled purpose to excel, an indomitable will, and a vigorous constitution, he entered the field of practice with such educational advantages as were then accessible—advantages inadequate to the high responsibility of his calling, but superior to the times, from the high qualifications of his renowned preceptor, Dr. Miller.

Dr. Snell had no competitor in surgery, in this whole section of the State, at the time of his settlement in Winthrop—with the exception of the distinguished Dr. Ariel Mann, of Hallowell, who was a fellow pupil of his with Dr. Miller. Dr. Mann, naturally of a very delicate constitution, soon broke down under the arduous duties of his profession. The field was then left free to Dr. Snell. It was an extensive field, but a barren one so far as surgery was concerned; yet he cultivated it with fidelity and assiduity. Bold, dexterous and successful, he would compare well with our best city operators. His calls for surgical operations, and consultations in surgery and medicine, soon extended over a wide circuit, and eventually embraced the whole of what is now the central and northern section of the State. In his own vicinity, where he was best known and most appreciated, he was long without a rival in the confidence and affections of the people; his private practice was consequently very extensive. The profession generally looked up to him as a counsellor and

guide in all cases of difficulty and final appeal. His influence with the profession was deep and commanding. His example has done more in exciting a laudable emulation in the profession, in the advancement of sound medical science, and thus in bringing the profession to its present high state of excellence, than that of any other man in this region. Strong in his sympathies, and faithful to his duties, he was endeared to his patients as a part of self. Fidelity to his calling and to his patients was the passion of his life.

The whole energies of his soul were devoted to the acquisition of a knowledge of the best means to remove disease and to alleviate physical suffering, and to the application of these means at the bedside. When medicine might not avail, a fund of anecdote and convivial discourse was always at hand to cheer the despondent; and when human skill failed, as fail it often must, none knew better how to apply the consolations of religion. He was always punctual to the hour in his engagements with his patients, and in his consultations.

Such qualifications and such habits could but lead to success and eminence in the profession. When exhausted nature, in the decline of life, called for retirement and rest, he found it quite as difficult to get rid of business as many of our profession do to procure it.

The characteristic feature of Dr. Snell's mind was strong common sense. He possessed not genius, in the popular acceptance of the term; but that plain, practical common sense, which is far more useful, and far superior to all genius. But little versed in the accurate physiological and pathological doctrines of the present advanced state of medical science (for his unceasing professional calls forbade his entering upon them), his strong mind and accurate observation seized upon the main points of disease, and seldom permitted him to go wrong in practice.

He was tenacious of his own opinions, and maintained them with a firmness sometimes bordering upon obstinacy; but at the same time was courteous and respectful to those who differed from him. When convinced of error, however, no one was more ready to acknowledge it, nor was any one more magnanimous in awarding the meed of praise to a competitor.

He had none of that little-minded jealousy, or self-complacency, which causes too many of the profession to avoid consultations; but on the contrary, in cases of danger and doubt, he was, from solemn conviction of duty to his patient, usually foremost in proposing one. Conscious of his own strength, he resorted to none of the finesse and trickery of inferior minds to obtain business. Content with that slow but sure advancement to usefulness and to reputation, to which superior merit attains, he spurned the contemptible practice of newspaper puffing, and the thousand arts of sycophancy, so often resorted to in these days, to enable men to reach, with railroad speed, their fancied goal of fame. He wished his reputation to follow, and not to go before him. A just estimate of himself, and a clear conception of his relations to others and of his capabilities for usefulness in a proper sphere, determined his course in early life, and a sound judgment and iron will directed him in all his future career to usefulness and distinction. "*Justum ac tenacem propositi.*" He followed with

unyielding perseverance the path which his own convictions of right had early pointed out, to a pinnacle of usefulness and distinction which but few reach.

As a husband, as a father, he was all that those hallowed names imply. Kind and endearing in his domestic deportment, and ardently devoted to his children, his strong sense of justice and deep solicitude for their welfare never permitted him to sacrifice their permanent happiness and prosperity, to present gratifications and indulgence in error.

Dr. Snell was an honest man, that "noblest work of God." He was, moreover, a Christian, a firm believer in revealed religion, a church member, a follower of Christ, and a devoted and constant attendant upon his ordinances.

## TWO CASES OF UTERINE POLYPUS.

BY M. L. KNAPP, M.D., PROF. OF MATERIA MEDICA AND THERAPEUTICS IN THE COLLEGE OF PHYSICIANS AND SURGEONS OF THE UPPER MISSISSIPPI.

(Communicated for the Boston Medical and Surgical Journal.)

I. MRS. WEITZLE, æt. 33, a married woman, consulted me in September, 1844. Complains of constant dribbling of water from the vagina; has been three years out of health, and under the treatment of sundry physicians; is anæmic and emaciated. Examination revealed a large uterine polypus, occupying the basin of the pelvis, hanging by its pedicle through the os uteri; the pudendum exceedingly discolored from irritation.

*Treatment.*—The woman was ordered rest, low diet, saline aperients and cold-water applications for a week, when the polypus was seized hold of by the two index fingers, drawn without the os externum, and the pedicle cut with a small scalpel carried into the vagina guarded by the index finger. Cold styptic injections per vaginam, and the pil. plumbi opiatæ, soon arrested the hæmorrhage, and the patient rapidly regained her health, which she has enjoyed uninterruptedly to the present time.

II. Miss Ann ——— sent for me in March, 1848, to relieve her of suppression of urine. I found her of sallow, anæmic appearance, denoting constitutional ailment, and after using the catheter found the womb pressed down low in the pelvis, globular and distended. The pressure of the distended womb was evidently the cause of the suppression. She had been visited by a physician two days before, and relieved by the catheter, but he made no exploration to ascertain the cause of the difficulty. Neither had any former medical attendant; and for two years she had been compelled to call in aid occasionally.

*Treatment.*—Finding the tumor moveable, and judging it to be polypus not yet extruded from the cavity of the womb, I directed her to turn upon her knees with her head on the pillow, and with two fingers of a hand pushed the tumor above the brim of the pelvis, where it remained, being too large to descend, even after the patient resumed the erect position. For two months the patient was treated with the tinc-

ture of iodide, when she left this city for Buffalo, since which time I have had no intelligence of her.

*Remarks.*—I am not aware that any author has advised iodine, or other specific treatment, to arrest the growth and effect the absorption of pediculated tumors by the alterative process; but I see no reason why this class of tumors should be considered without the pale of constitutional remedies—only to be cured by mechanical extirpation. The idea, however, is not original with me. This patient was put upon the use of iodine at the suggestion of my friend Dr. Merryman, of Springfield, Ill., who informed me that he had successfully treated several cases of polypus of the womb with iodine *after extrusion from the uterine cavity*.

Polypus of the womb being a disease of not very frequent occurrence, yet one of much inconvenience, suffering, and oftentimes danger, and in general capable of being diagnosed before the tumor passes out of the womb and becomes accessible to the knife or ligature, the force of this suggestion as to treatment becomes obvious.

Chicago, March, 1850.

#### TREATMENT OF ERYSIPELAS.

[Communicated for the Boston Medical and Surgical Journal.]

IN the large and splendid work on surgery by Velpeau, under the supervision of, and with notes and observations by, Valentine Mott, M.D., of New York, I find the following treatment for erysipelas. (The whole article will repay a careful perusal.) It is in the first volume, and the treatment commences on the 68th page.

"The *antiphlogistic action* of the sulphate of iron has hitherto failed in no case where M. Velpeau has used it." His *formula* is the following. Thirty grammes (*nine drachms*) to forty ounces of water. It is to be applied by compresses, kept *in loco* with bandages, so that the skin shall be constantly moistened with it.

He also gives an ointment to be used in some cases, of the following proportions. R. Sulph. ferri, grammes viij.; axungia, grammes xxx. This is to be applied three times a-day.

The American editor adds:—"We are not aware that this new remedy, which we trust will attract the general attention of the profession here, has as yet been made trial of in our country."

It seemed very desirable to me, that a remedy recommended by so high authority, and as eminently successful above all others, should be brought before the profession in some more accessible form than in the work here named, the three volumes of which comprise more than three thousand pages, large octavo. In your valuable Journal all the profession will see it, and those who choose can try it.

Boston, April, 1850.

Yours, &c.

W. M. CORNELL.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, APRIL 24, 1850.
 

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*Notice to Readers*.—An extra sheet is given in the present number of the Journal. This is done to make room for the first of Prof. Ware's valuable series of papers on croup, and also for some of the communications from other sources, which have been on hand many weeks. Several, the receipt of which has been acknowledged, still remain unpublished; and in addition, there have been received, one from Dr. W. E. Coale, Boston, and a second one from the friend who writes anonymously in favor of a new hospital in Boston.

*Demonstrative Midwifery*.—It would seem, by an article in the Buffalo Medical Journal, that the professor of midwifery in the medical department of the University of that place, has received a rebuke from some few of the medical gentlemen there, for illustrating his lectures with the living subject. We regret the opposition that has been manifested to this measure, knowing well that it was for educational purposes alone that the professor adopted it, and not being able to see any impropriety in it. To argue that it is "wholly unnecessary for the purposes of teaching, unprofessional in manner, and grossly offensive, alike to morality and common decency," would be taking a position that might be expected from the opposers of science, but is entirely at variance from what should be expected of the profession. It is a truthful saying "that the complexion of sentiments does not depend upon the avenue through which fostering sensations are received, but on that principle which perceives and feels—the mind." *Honi soit qui mal y pense*. These gentlemen must know well the value of clinical instruction, and should be the last ones to oppose a measure which would, in a comprehensible manner, elucidate the phenomena of a vital function. If such proceedings had never before occurred, and the professor was establishing a precedent, even then such manifestations would be uncalled for. We hold that an instructor has a right to adopt any proper measure that will best secure the purpose which he is endeavoring to accomplish. In this country such proceedings may be comparatively new; but we know well that at the Maternité in Paris, and, in fact, at most of the lying-in hospitals of Europe, they are common. In the University School of Medicine in New York, in which Dr. Bedford is professor of the department of obstetrics, is endorsed the value of such instruction, and Dr. B. mentions in his preface to the work translated by him (Chailly), that he has established for the benefit of his class, a clinique, and on the third year of its existence had been able to furnish his pupils with 740 cases. In the case of the professor of the University of Buffalo, he conceived a plan by which he could illustrate, to the graduating class, their duties in the parturient chamber. The patient was in the College, in the apartments of the Janitor, whose wife was in constant attendance throughout the labor. The students were called upon singly to attend the patient, the professor being present to aid and give them counsel. In a few weeks afterwards these same gentlemen received their diplomas as doctors in medicine, and were likely soon to be called upon in

similar cases. So much for the innovation from ancient custom that is complained of in this case; and for our part, we think the professor deserves the approbation of the students and the profession, for his endeavors to make the instruction in his department as practical as possible.

*Cod-Liver Oil.*—Those who believe in the efficacy of this medicinal agent in curing or alleviating disease, would no doubt be pleased to have its analysis. It being supposed to exert a powerful influence upon tuberculous patients, we have also given the analysis of tubercle. From the best of authorities, J. L. de Jongh, M.D., of Hague, we learn that in 100 parts of the cod-liver oil the following may be found:—

Oleic acid, - - -	71.03300	*Iodine, - - -	0.03740
Margaric acid, - - -	11.75700	Chlorine and bromine	0.14880
Glycerine, - - -	10 17700	Phosphoric acid, - -	0.09135
Butyric acid, - - -	0 07433	Sulphuric acid, - -	0.07100
Acetic acid, - - -	1.01571	Phosphorus - - -	0.02125
Fellic and cholic acids,	0 04300	Lime, - - -	0.15150
Bilifuluin and 2 peculiar substances, }	0.26500	Magnesia - - -	0.00380
A peculiar subs. insoluble in alcohol at 30 deg. }	0.00300	Soda, - - -	0.05540
Ditto, insoluble in water, alcohol or ether, }	0.00100	Iron, - - -	a trace only
		Loss, - - -	3.00943
			100.00000

Simon, in his *Animal Chemistry*, gives the formula of crude tubercle as follows—Carbon, 43; hydrogen, 35; nitrogen, 6; oxygen, 13; while that for protein is  $C_{48}H_{88}N_6O_{11}$ . In other words, tubercle consists of an imperfect protein, differing from it only in the absence of five atoms of carbon, one of hydrogen, and one of oxygen.

*Increase of Water-Curing Depots.*—On the west bank of Mill River, two and a half miles from Northampton Centre, Mass., a new water-curing establishment has been opened by a Dr. Charles Munde, who claims to have been one of the earliest disciples of Priessnitz. The circular says that “persons desirous of following a course of treatment, should provide themselves with two or three woollen blankets, two comforters, some linen sheets, some towels, some old linen and a couple of pillow cases.” Why not transport the entire household at once? There are now three of these water hospitals in that town. At the present ratio of increase, Northampton will soon be in a state of perfect liquefaction.

*Artificial Limbs.*—We take pleasure in calling the attention of the profession to the advertisement in another part of the Journal, of Messrs. James Miller & Co., Surgical and Anatomical Mechanicians, No. 2½ Bromfield st. Among the useful contrivances in which their show-rooms abound, is a spring crutch, which is an entirely new invention of theirs. With the one in ordinary use, the force when applied by the weight of the body upon it, is severely felt in the axilla; whereas this new construction has a spiral spring in its shaft, which entirely obviates this difficulty. Their

\* The virtues of the cod-liver oil have been supposed to depend upon the iodine which it contained, either in its free state or in combination with other substances; it will be observed, however, that a very small proportion enters into its composition.

specimens of artificial limbs are very fine. They are close imitations of nature, and being made on anatomical principles, perform the functions intended in a very satisfactory manner. These gentlemen having worked for the principal hospitals in London, and for the most distinguished surgeons of both countries, by whom they are highly recommended, is a sufficient guarantee of their ability to perform all they undertake to do.

*Ovariectomy.*—This bold and important operation has lately been performed, with complete success, by that distinguished surgeon, Dr. Alden March, of Albany, N. Y. On the thirty-fourth day after the operation, the patient had so far recovered, as to be able to undertake a journey of 100 miles in one day. The cyst, when distended with its fluid, weighed eighteen pounds. About half of the cases which are operated upon, prove fatal—and the doctor, in his paper, says upon the subject, that “if success attends one or two cases it may encourage us to operate too often, when the favorable prospect, to say the least, might be but little encouraging.”

*Suffolk District Medical Society.*—The anniversary address before the Suffolk District Medical Society will be delivered by the President, Dr. Jeffries, at the Masonic Temple, on Saturday evening, April 27th, at half past 7 o'clock. The profession generally are cordially invited to be present.

In connection with the above, we would also state that members of the Massachusetts Medical Society, living in Boston, who may have recently changed their residence, or are about to do so, also those who have lately joined the Society and whose names are not contained in the last Boston Directory or the Boston Almanac for 1850, will much oblige the Secretary of the Suffolk District Society, by sending to him, at 28 Harrison avenue, their respective addresses, name, street and number.

#### BIBLIOGRAPHICAL NOTICES.

1. *Diseases of the Interior Valley of North America.*—“A systematic treatise, historical, etiological and practical, on the principal diseases of the Interior Valley of North America, as they appear in the Caucasian, African, Indian and Esquimaux varieties of its population. By Daniel Drake, M.D., Cincinnati.” Pp. 878. 1850. This large volume, the production of Dr. Drake, embraces the whole topography, hydrography and geology of the great West, and the entire Valley of North America. The collection of statistics and other matters in this work, must have required the labor of years, long and fatiguing journeys, exposure to climates, and the deprivation of the comforts of a home. The germ of this work, says Dr. Drake, was a pamphlet entitled, “Notices concerning Cincinnati,” printed for distribution forty years ago. At that time the greater part of the interior Valley of North America was a primitive wilderness. Ten years afterwards he formed a design of preparing a more extended work on the diseases of the Ohio Valley, but for various reasons was obliged to defer the publication of his observations until now. To the profession in other localities, as well as in the immediate district of the field of observation, this work will prove highly interesting and useful, and is entitled to their respect and confidence. It is dedicated to the physicians within the districts described. Its typographical appearance is without fault, the publishers entering into the spirit of its author, to make it a work worthy

of his name. It is fully illustrated with maps, plans of the various cities, towns, rivers, &c., with a meteorological table.

2. *Dr. C. A. Harris's Address.*—The address of Dr. Harris, before the class of the Baltimore College of Dental Surgeons, is a production of noble and lofty sentiments, alike creditable to his mind and heart. Such admonition and advice must have made a deep impression upon his class, and was no doubt fully appreciated. It affords us much pleasure to read the valedictories of the professors of our medical schools. In them is found much that is instructive, and applicable to the old practitioner as well as to the young aspirant for medical fame.

3. *Prof. Wiltbank's Address.*—"An address to the graduates of the medical department of Pennsylvania College, by Jonathan Wiltbank, M.D., Professor of Obstetrics, &c., 1850." This address is replete with sound sense and practical advice, full of pathos and touching sentiment. In descanting upon the morale of the good physician, the learned doctor says, "It is a sad mistake to suppose that medicine is a mercenary profession. If it were so, how could the physician estimate the value of his services? What equivalent could be rendered for relief and suffering, the restoration of health, or the preservation of life? How much should he charge for giving sight to the blind, reason to the lunatic, or even beauty to the deformed? No! gentlemen, our profession is not mercenary. Founded upon the unavoidable miseries of our fellow beings, it is essentially a charitable calling."

4. *Dr. Stone's Phonographic Report.*—"The report of the trial of Prof. Webster for the murder of Dr. Parkman, in November last, by Dr. J. W. Stone. Phillips, Sampson & Co., 1850." This report embraces all the particulars of that memorable event—from the arrest, the finding of the bill of indictment, trial, conviction, and sentence of death. The pamphlet contains over 300 pages; it is on good paper, clear type, and is the fullest report that has been published.

*Medical Miscellany.*—The Trustees of the Mass. Gen. Hospital have appointed Dr. M. S. Perry as one of the physicians to that institution, to fill the place of the late Dr. John D. Fisher.—The smallpox is quite prevalent in the new city of Lawrence.—The number of graduates in the Philadelphia schools of medicine, who received the degree of doctor in medicine the past year, were 483.—Remarks on Cholera, by E. J. Cox, M.D., of New Orleans, is a pamphlet worthy the attention of the profession.

**NOTICE.**—In a note from Dr. Peirson, received after his paper in to-day's Journal was printed, he states that the authority on which fatal results have been attributed to the use of sulphuric ether, is of a doubtful character.—A correct report of the cases alluded to by N. G. T. would be acceptable—and also the morbid specimen.

**MARRIED.**—Dr. S. E. Elting, of Ulster Co., N. Y., to Miss M. E. Halsey.—At Malden, John L. Sullivan, Jr. M.D., to Miss Mary E. Lynde.—Dr. Lyman Parker, of Fair Haven, Ct., to Miss Lavina M. Lewis, of N. York.

**DIED.**—At Jersey City, Dr. Thomas B. Gantien, 52.—At Sea, near the Cape of Good Hope, Edw. Spring, M.D., of N. York, 42. His remains were interred at St. Helena.—At Somerville, N. J., Dr. Benjamin James, formerly of this city.

*Deaths in Boston*—for the week ending Saturday noon, April 20th, 84.—Males, 42—females, 42. Disease of the bowels, 1—inflam. of bowels, 3—disease of brain, 2—congestion of brain, 1—consumption, 15—cancer, 2—croup, 1—childbed, 2—diarrhoea, 1—dropsy of brain, 7—erysipelas, 2—typhus fever, 1—scarlet fever, 1—lung fever, 7—brain fever, 2—hooping cough, 3—disease of heart, 3—infantile diseases, 6—inflammation of the lungs, 4—marasmus, 3—old age, 3—pleurisy, 1—scald, 1—smallpox, 9—syphilis, 1—unknown, 2.

Under 5 years, 37—between 5 and 20 years, 5—between 20 and 40 years, 23—between 40 and 60 years, 7—over 60 years, 12. Americans, 40; foreigners and children of foreigners, 44.